



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. Corporate ID No. 000099911

2. Name of Corporation Rhode Island Assisted Living Association, Inc.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Corporate Address in Rhode Island

No. and Street: 500 NORTH BROADWAY

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROMOTE THE INTEREST OF THE ASSISTED LIVING INDUSTRY AND ENHANCE THE QUALITY OF LIFE FOR THE POPULATION IT SERVES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|----------------------|---|---|
| TREASURER | MICHAEL CRISCIONE | 10 WEYBOSSET ST. PROVIDENCE, RI 02904 USA |
| SECRETARY | JOHN STEFANIK | 30 ROLFE SQUARE CRANSTON, RI 02910 USA |
| IMMEDIATE PAST CHAIR | KAREN LALLY | 670 N. MAIN STREET PROVIDENCE, RI 02904 USA |
| CHAIR | LINDA SILVEIRA | 75 MINNESOTA AVENUE WARWICK, RI 02886 USA |
| 2ND VICE CHAIR | ROBERTA RAGGE | 1 SHALOM DRIVE WARWICK, RI 02886 USA |
| DIRECTOR | JEAN ALLARD | 21 COLLEGE HILL RD. SUITE 2 WARWICK, RI 02886 USA |
| DIRECTOR | KAREN PECK | 99 CHACE AVENUE PROVIDENCE, RI 02906 USA |
| DIRECTOR | AKSHAY TALWAR | 53 OLD POCASSET ROAD JOHNSTON, RI 02919 USA |
| DIRECTOR | LISA BUONO | 336 WILLET AVENUE RIVERSIDE, RI 02905 USA |
| DIRECTOR | BOB INGRAM | 159 DIVISION STREET E. GREENWICH, RI 02886 USA |
| DIRECTOR | JASEN CROZIER | 715 PUTNAM PIKE GREENVILLE, RI 02828 USA |
| DIRECTOR | TAIWO SODIPO | 50 WARWICK AVENUE CRANSTON, RI 02905 USA |
| DIRECTOR | RICHARD DOHRING | 353 BLACKSTONE AVENUE PROVIDENCE, RI 02906 USA |
| DIRECTOR | PAUL ARAUJO | 101 HIGHLAND AVENUE PROVIDENCE, RI 02906 USA |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KATHLEEN P. KELLY 500 NORTH BROADWAY, SUITE 2 EAST PROVIDENCE , RI 02914

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 10 Day of May, 2019 at 1:20:18 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By KATHLEEN P KELLY
Signature of Authorized Person

Revised 09/07

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